

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-JUL-2014		TIME 22:15:00		2. ADDRESS OF OCCURRENCE 4320 W 30TH ST CHICAGO, IL 60623		3. LOCATION CODE 304		4. BEAT/COLOR 1031				
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME HONDA	7. FIRST NAME DANIEL C		8. STAR NO. 3478	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE API	11. AGE [REDACTED]	12. HT. 507	13. WT. 160		
	14. DATE OF APPT. 28-APR-2003		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 010 1061D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME DELGADO		21. FIRST NAME HECTOR		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. 23-APR-1976	26. HT. 511	27. WT. 200
	28. ADDRESS 2750 W ROOSEVELT RD CHICAGO, IL 60612		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? DR. WIOELL		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****			
	37. CP NO. 18928104				38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/>		40. DNA <input type="checkbox"/>			
	41. SUBJECT'S ACTIONS											
	42. MEMBER'S RESPONSE											
REASON FOR USE OF FORCE (Check all that apply)	43. PASSIVE RESISTER											
	44. ACTIVE RESISTER											
	45. ASSAULT: ASSAULT											
	46. ASSAULT: BATTERY											
	47. ASSAULT: DEADLY FORCE											
	48. DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>											
	49. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>											
	50. OTHER <input type="checkbox"/>											
	51. FLED <input type="checkbox"/>											
	52. PULLED AWAY <input type="checkbox"/>											
53. OTHER <input type="checkbox"/>												
WEAPON DISCHARGE INCIDENT	54. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)											
	55. ADDITIONAL INFORMATION SUBJECT LUNGED AT R/O HONDA, RUBBING HIS HEAD AGAINST R/O HONDA'S RIGHT THIGH/RIGHT KNEE, LEAVING R/O'S PANTS SATURATED WITH SUBJECTS BLOOD. THE BLOOD SEEPED THROUGH THE PANTS, EXPOSING THE SKIN TO THE BLOOD CONTACT											
	56. POSITION											
	57. STAR NO											
	58. UNIT											
	59. WEAPON TYPE											
	60. INCIDENT OCCURRED											
	61. LIGHTING CONDITIONS											
	62. WEATHER CONDITIONS											
	63. MAKE/MANUFACTURER											
CASE INFO.	64. TASER DART NO. NO.											
	65. WEAPON SERIAL NO. (Include Letters)											
	66. CHICAGO GUN REG. NO.											
	67. IL FIREARM OWNER ID. NO.											
	68. HANDGUN CERTIFICATE NO.											
	69. SPECIAL WEAPON CERTIFICATE NO.											
	70. PROPERTY INVENTORY NO.											
	71. TYPE OF AMMUNITION USED											
	72. NO. OF WEAPONS DISCHARGED BY THIS MEMBER											
	73. TOTAL NO. OF SHOTS MEMBER FIRED											
SIGNATURES	74. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)											
	75. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
	76. NO. OF CARTRIDGES/SHOT SHELLS RELOADED											
	77. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
	78. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)											
	79. SPECIFY METHOD/EQUIPMENT USED TO RELOAD											
	80. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
	81. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)											
	82. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED											
	83. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON											
84. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)												
85. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC												
86. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.												
87. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
88. REPORTING MEMBER (Print Name) HONDA, DANIEL C												
89. STAR/EMPLOYEE NO. 3478												
90. SIGNATURE [REDACTED]												
91. Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
92. REVIEWING SUPERVISOR (Print Name) KWASINSKI, PHILIP L												
93. STAR NO 305												
94. SIGNATURE [REDACTED]												
95. DATE REVIEWED 05-JUL-2014 20:33:41												
96. TIME 05-JUL-2014 20:33:41												

CPD-4137 (REV. 10/07)

LOG # 1082402

Attachment # 16

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/19-3-A, 720 ILCS 5.0/12-3-A-2, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/16-1-A-1, 720 ILCS 5.0/19-1-A

☐ CNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

TRR prepared in order to access OBR. Subject not interviewed by R/Lt.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

TRR prepared to access needed OBR. All action's documented by P.O. Honda complied with Department procedures in response to subject Delgado's battery to P.O.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

05-JUL-2014 20:38:45

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRRS THIS EVENT No.

2